

Indiana State Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 004417 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED R 09/16/2016 |
| NAME OF PROVIDER OR SUPPLIER RIVERWALK COMMONS | | STREET ADDRESS, CITY, STATE, ZIP CODE 7235 RIVERWALK WAY N NOBLESVILLE, IN 46062 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| {R 000} | <p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) for the State Residential Licensure Survey completed on August 4, 2016.</p> <p>Survey dates: September 16, 2016</p> <p>Facility number: 004417 Provider number: 004417 AIM number: N/A</p> <p>Residential Census: 82</p> <p>Sample: 3</p> <p>Riverwalk Commons was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the State Residential Licensure Survey.</p> <p>QR completed by 11474 on September 19, 2016.</p> | {R 000} | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE